

8-10-04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Express Mail No.: ET228453474US

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

31889 7590 05/17/2004

DAVID W. WESTPHAL Kim S. MANSPE
CONOCOPHILLIPS COMPANY
P.O. BOX ~~2443~~ 2443
TULSA CITY, OK 74602-1267 74004
BARTLESVILLE,



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Joan M. Rondeau

(Depositor's name)

(Signature)

August 9, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/024,167	12/18/2001	Alfred E. Keller	1856-09501 (98/002)	5731

TITLE OF INVENTION: SHORT CONTACT TIME CATALYTIC SULFUR RECOVERY SYSTEM FOR REMOVING H2S FROM A WASTE GAS STREAM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/17/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LANGE, WAYNE A	1754	423-576200			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Conley Rose PC

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CONOCOPHILLIPS COMPANY

600 North Dairy Ashford
Houston, TX 77079-1175Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-1575 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

August 9, 2004

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08/11/2004 SHASSEN2 00000015 161575 10024167

01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
03 FC:8001	30.00 DA

TRANSMIT THIS FORM WITH FEE(S)

AUG 09 2004

Express Mail No.: ET228453474US

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$1,630.00

Complete if Known

Application Number	10/024,167
Filing Date	December 18, 2001
First Named Inventor	Alfred E. Keller
Examiner Name	Vanoy, Timothy C.
Art Unit	1754
Attorney Docket No.	CO98/002-KSM

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number **16-1575**
 Deposit Account Name

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	0	X _____ = 0.00
Independent Claims	- 3** =	0	X _____ = 0.00
Multiple Dependent			= _____

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		\$0.00

**or number previously paid, if greater; For Reissues see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non - English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	1,330.00
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR § 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)		Publication Fee			300.00

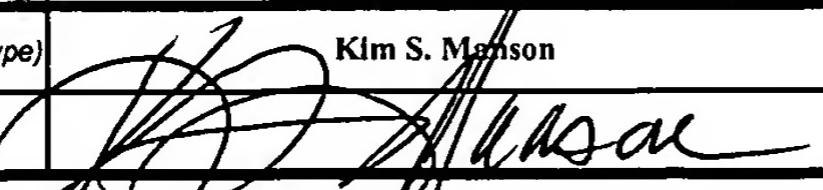
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

\$1,630.00

SUBMITTED BY

Name (Print/Type)	Kim S. Manson	Registration No. (Attorney/Agent)	42,839	Telephone	281-293-3580
Signature				Date	August 9, 2004

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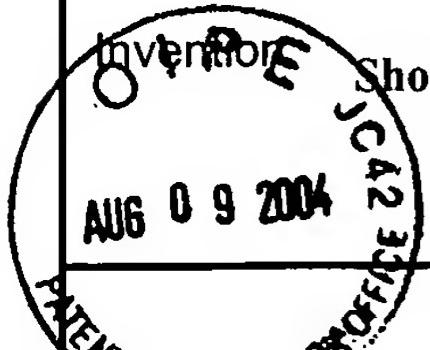
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Alfred E. Keller

Docket No.

CO98/002-KSM

Serial No.
10/024,167Filing Date
December 18, 2001Examiner
Vanoy, Timothy C.Group Art Unit
1754

Short Contact Time Catalytic Sulfur Recovery System For Removing H2S From A Waste Gas Stream

I hereby certify that the following correspondence:

Part B-Fee(s) Transmittal; Fee Transmittal for FY 2004; Transmimttal Form; Postcard*(Identify type of correspondence)*

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/024,167

Filing Date

December 18, 2001

First Named Inventor

Alfred E. Keller

Art Unit

1754

Examiner Name

Vanoy, Timothy C.

Attorney Docket Number

CO98/002-KSM

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

Part B-Fee(s) Transmittal; Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kim S. Manson
Signature	
Date	August 9, 2004

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EXPRESS

Typed or printed name	Joan M. Rondeau	Express Mail No.: ET228453474US
Signature		Date
		August 9, 2004

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